

Montana Medicaid - Fee Schedule Hearing Aids

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
For example:
26 = professional component
TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA
V5014	LT	REPAIR/MODIFICATION OF A HEARING AID	7/1/2000	FEE SCHED	\$20.00	
V5014	RT	REPAIR/MODIFICATION OF A HEARING AID	7/1/2000	FEE SCHED	\$20.00	
V5030	LT	HEARING AID MONAURAL BODY WORN AIR CONDUCTION	7/1/1998	FEE SCHED	\$400.00	Y
V5030	RT	HEARING AID MONAURAL BODY WORN AIR CONDUCTION	7/1/1998	FEE SCHED	\$400.00	Y
V5040	LT	HEARING AID MONAURAL BODY WORN BONE CONDUCTION	7/1/1998	FEE SCHED	\$400.00	Y
V5040	RT	HEARING AID MONAURAL BODY WORN BONE CONDUCTION	7/1/1998	FEE SCHED	\$400.00	Y
V5050	LT	HEARING AID MONAURAL IN THE EAR	7/1/1998	FEE SCHED	\$400.00	Y
V5050	RT	HEARING AID MONAURAL IN THE EAR	7/1/1998	FEE SCHED	\$400.00	Y
V5060	LT	HEARING AID MONAURAL BEHIND THE EAR	7/1/1998	FEE SCHED	\$400.00	Y
V5060	RT	HEARING AID MONAURAL BEHIND THE EAR	7/1/1998	FEE SCHED	\$400.00	Y
V5070		GLASSES AIR CONDUCTION	7/1/1998	FEE SCHED	\$400.00	Y
V5080		GLASSES BONE CONDUCTION	7/1/1998	FEE SCHED	\$400.00	Y
V5090		HEARING AID DISPENSING FEE	7/1/1999	FEE SCHED	\$216.51	Y
V5100		BODY-WORN BILAT HEARING AID	7/1/1998	FEE SCHED	\$800.00	Y
V5120		BODY-WORN BINAUR HEARING AID	7/1/1998	FEE SCHED	\$800.00	Y
V5130		IN EAR BINAURAL HEARING AID	7/1/1998	FEE SCHED	\$800.00	Y
V5140		BEHIND EAR BINAUR HEARING AI	7/1/1998	FEE SCHED	\$800.00	Y
V5150		GLASSES BINAURAL HEARING AID	7/1/1998	FEE SCHED	\$800.00	Y
V5160		DISPENSING FEE BINAURAL	7/1/1999	FEE SCHED	\$324.77	Y
V5170		WITHIN EAR CROS HEARING AID	7/1/1990	FEE SCHED	\$749.09	Y
V5180		BEHIND EAR CROS HEARING AID	7/1/1990	FEE SCHED	\$749.09	Y
V5190		GLASSES CROS HEARING AID	7/1/1990	FEE SCHED	\$749.09	Y
V5249		HEARING AID BINAURAL ITC	1/1/2002	FEE SCHED	\$800.00	Y
V5250		HEARING AID PROG BIN CIC	1/1/2002	FEE SCHED	\$800.00	Y
V5251		HEARING AID PROG BIN ITC	1/1/2002	FEE SCHED	\$800.00	Y
V5252		HEARING AID PROG BIN ITE	1/1/2002	FEE SCHED	\$800.00	Y
V5253		HEARING AID PROG BIN BTE	1/1/2002	FEE SCHED	\$800.00	Y
V5254	LT	HEARING AID DIGITAL MONAURAL CIC	1/1/2002	FEE SCHED	\$400.00	Y
V5254	RT	HEARING AID DIGITAL MONAURAL CIC	1/1/2002	FEE SCHED	\$400.00	Y
V5255	LT	HEARING AID DIGITAL MONAURAL ITC	1/1/2002	FEE SCHED	\$400.00	Y
V5255	RT	HEARING AID DIGITAL MONAURAL ITC	1/1/2002	FEE SCHED	\$400.00	Y
V5256	LT	HEARING AID DIGITAL MONAURAL ITE	1/1/2002	FEE SCHED	\$400.00	Y
V5256	RT	HEARING AID DIGITAL MONAURAL ITE	1/1/2002	FEE SCHED	\$400.00	Y
V5257	LT	HEARING AID DIGITAL MONAURAL BTE	1/1/2002	FEE SCHED	\$400.00	Y
V5257	RT	HEARING AID DIGITAL MONAURAL BTE	1/1/2002	FEE SCHED	\$400.00	Y
V5258		HEARING AID DIGIT BIN CIC	1/1/2002	FEE SCHED	\$800.00	Y
V5259		HEARING AID DIGIT BIN ITC	1/1/2002	FEE SCHED	\$800.00	Y
V5260		HEARING AID DIGIT BIN ITE	1/1/2002	FEE SCHED	\$800.00	Y
V5261		HEARING AID DIGIT BIN BTE	1/1/2002	FEE SCHED	\$800.00	Y
V5264		EAR MOLD/INSERT	1/1/2002	FEE SCHED	\$20.00	
V5266		BATTERY FOR HEARING DEVICE	7/1/2002	FEE SCHED	\$1.18	
V5267		HEARING AID SUPPLY/ACCESSORY	1/1/2002	FEE SCHED	\$20.00	
V5275		EAR IMPRESSION	1/1/2002	BY REPORT	\$0.00	

Please see first page for a complete description
of information contained in the fee schedules.

Montana Medicaid - Fee Schedule **Hearing Aids**

Proc	Modifier	Description	Effective	Method	Fee	PA
V5299		HEARING SERVICE	7/1/1999	FEE SCHED	\$20.00	Y
W2697	RR	HEARING AID RENTAL RIGHT PER DAY	7/1/1999	FEE SCHED	\$1.30	
W2698	RR	HEARING AID RENTAL LEFT PER DAY	7/1/1999	FEE SCHED	\$1.30	
W2812		HEARING AID RECASING	7/1/1998	FEE SCHED	\$20.00	
W2813		BONE OSSILATOR	7/1/1998	FEE SCHED	\$20.00	
W2814		BODY AID LEFT OR RIGHT EAR	7/1/1990	FEE SCHED	\$749.09	Y
W2815		BODY AID REPAIR LEFT OR RIGHT EAR	7/1/1998	FEE SCHED	\$20.00	
W2816		HANDLING FEE FOR FACTORY REPAIR OR EAR MOLD	7/1/1999	FEE SCHED	\$20.81	
W2817		HANDLING FEE/REPAIR BY DISPENSER'S OFFICE	7/1/1997	BY REPORT	\$0.00	